

# WE WILL

## PREVENT PRESSURE ULCERS. KNOW THE FACTS. TAKE ACTION.

ISDH Long Term Care  
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*Long Term Care Newsletter  
Pressure Ulcer Initiative Update Issue  
Indiana State Department of Health*

### Initiative Update

This issue of the ISDH Long Term Care Newsletter is an update of the Indiana Pressure Ulcer Quality Improvement Initiative. The objective of this initiative is to prevent pressure ulcers and significantly reduce the number of pressure ulcers occurring in long term care facilities. The University of Indianapolis Center for Aging and Community is the project manager and coordinator for the initiative. Jennifer Bachman is the Project Director with Lidia Dubicki serving as the Project Assistant.

#### Phase One Participants

This first phase of the initiative will be fifteen months in length and includes nursing homes, hospitals, and home health agencies. A [list of participating facilities](#) is attached. The Indiana State Department of Health is planning a smaller second phase to begin later in 2009 that will include those facilities not included in phase one.

#### Collaborative Partners

The Indiana Pressure Ulcer Initiative was modeled after a process developed by the Institute for Healthcare Improvement (IHI). The Initiative is a collaborative effort among many partners. Along with the University of Indianapolis Center for Aging & Community and Indiana State Department of Health, the collaborative partners on this initiative include:

- Bottom Line Performance
- Cabello Associates
- Health Care Excel
- Hoosier Owners and Providers for the Elderly
- Indiana Association for Home & Hospice Care
- Indiana Association of Homes & Services for the Aged
- Indiana Health Care Association
- Indiana Hospital Association
- Indiana Patient Safety Center
- Indiana State Long Term Care Ombudsman
- Indiana University School of Medicine

- Pathway Health Services, Inc.
- United Senior Action Foundation

## Tip of the Month

Remember the 6 Essential Elements of Pressure Ulcer Prevention:

- o Assessment upon Admission
- o Reassess Risk Daily
- o Inspect Skin Daily
- o Manage Moisture
- o Optimize Nutrition and Hydration
- o Minimize Pressure

## Technical Assistance

The following activities will assist in your pressure ulcer prevention program:

1. Review self-assessment forms to identify performance improvement opportunities.
2. Review current Plan-Do-Study-Act cycle and progress being made toward goals.
3. Review current processes compared with current "best practice" recommendations.
4. Discuss methods to facilitate engagement of staff, residents, and families in the collaborative.
5. Review staff training materials provided in your tool kit.
6. Review plans for the storyboard that will be displayed at the Second Learning Session in April and Outcomes Congress scheduled for August 19, 2009.

A common issue that might require technical assistance involves consistent data collection. If questions arise as you gather and calculate your monthly data, please clarify any concern with Jo Dyer at Health Care Excel at 812-234-1499 ext 323. Jo will review the data with you and help answer your questions prior to your data submission.

The technical assistance provided for initiative participants will vary according to the need of the facility or agency. Our collaborative team is available to answer any question or assist with problems.

How is your pressure ulcer team doing? Is your commitment board signed and hanging in a prominent place? If not, take a few minutes to post it as a reminder to your staff, residents, and families. You should also post the Indiana Pressure Ulcer Initiative Newsletters in an accessible place for all staff. This will allow staff the benefit of reading about this initiative and encourage their participation. Their participation will result in increased awareness of pressure ulcer issues and encourage their contributions to the initiative.

If at times you think your team's commitment is wavering, try reviewing your AIM statement at the beginning of each meeting. Reminding everyone why this work is important will lead to success. Ralph Waldo Emerson was quoted to have said, "Nothing great was ever achieved without enthusiasm."

## Success Stories

Initiatives are remembered for the success stories. These stories illustrate the excitement and commitment of the initiative participants. Here are a few of the recent success stories.

- After attending the long term care learning session one aide returned to her facility and started to share the do's and don'ts of preventing pressure ulcers with her peers. Her Director of Nursing reports that, through the aides involvement in the initiative, she has become a leader and advocate for pressure ulcer prevention.

- One facility has agreed for each department head, including maintenance, to monitor a resident with a wound. The department heads are members of the pressure ulcer team called the "Skin-Statics". The department head is expected to watch the resident throughout the day and report if they appear uncomfortable, sit in position too long, or if they are not eating or drinking. This facility has demonstrated a real organizational commitment.

- One facility worked with their residents and families and created a skin brochure for families and caregivers.

As you experience success stories, please share them with the collaborative. Submit your successes to Jo Dyer at [jdyer@hce.org](mailto:jdyer@hce.org).

## Resident and Family Corner

The resident/family teleconference, held November 12, 2008, was a success and showed a deep interest in pressure ulcer prevention from many consumers. A total of 61 nursing homes and 24 home health agencies participated in the teleconference. There were a total of 442 participants from nursing homes, 79 participants from home health agencies, and 10 other participants.

To facilitate the continued involvement of consumers, a consumer council will be convened as part of the collaborative. Direct involvement of the consumer will give a unique perspective to this project. If anyone knows a resident or family member who would like to serve on this council, please contact Jo Dyer who will make sure they are referred to the appropriate person.

A CD from the teleconference plus the list of ideas on how to involve families and residents generated at the learning sessions are in the mail! You should receive these in early January 2009. Please use these tools as part of your comprehensive pressure ulcer prevention strategy. By including the resident and families in the process, you will have sustained success. Consider using the CD as a tool at the time of admission and during family council meetings.

The winner of the Wii Fit was Gibson Skilled Nursing Unit in Princeton, Indiana. Congratulations and enjoy!

## Legal Corner

Pressure ulcers are a significant healthcare problem in Indiana. They can result in harm to the patients who develop them, and they can be costly to treat. They can also lead to litigation, administrative and government investigations, and licensure actions against healthcare providers. In fact, we as attorneys have seen litigation based on pressure ulcers against healthcare professionals and facilities increase dramatically over the past several years. It is, therefore, imperative that healthcare providers be aware of the potential for litigation associated with pressure ulcers, and to understand how they can protect themselves from liability as well as protect their patients.

Legal issues regarding wound care treatment and management are generally based on a healthcare practitioner's failure to meet the "applicable standard of care" when a patient develops a pressure that results in harm to the patient. The "applicable standard of care" is generally defined as the care that a reasonably prudent healthcare provider (e.g. doctor, nurse, nurse assistant, etc.) in the same or similar situation would render. These standards are established by state practice acts and statutes, professional guidelines, employer policies and procedures, job descriptions, and other sources. The definition of the applicable standard can vary depending on the type of legal action that is brought against a healthcare provider, and the courts will determine the appropriate standard of care for a particular case. With respect to pressure ulcers, the issue is whether the healthcare provider complied with the applicable standard of care when rendering care to patients that is directed to the assessment, treatment and prevention of pressure ulcers.

The Indiana Pressure Ulcer Reduction Initiative is designed to assist healthcare facilities to implement

improved pressure ulcer care practices and to increase care coordination across the continuum of healthcare organizations. Toward that end, the Pressure Ulcer Initiative has adopted a systematic approach that was originally developed by the Institute of Healthcare Improvement ("IHI"). The IHI approach provides healthcare organizations with a method to test and measure practice innovations, and then to share their experiences in an effort to accelerate learning and widespread implementation of the best practice methods.

With respect to pressure ulcers, the IHI suggests that healthcare providers focus on the prevention of pressure ulcers as well as treatment using evidence-based wound management procedures. The Pressure Ulcer Initiative believes it is relevant for healthcare facilities involved in the Initiative to consider the IHI's recommended strategies for the assessment, prevention and treatment of pressure ulcers. These strategies provide a plan of prevention that involves a two-step process: (a) correct identification of patients at risk, and (b) reliable implementation of preventative strategies for all patients who are identified as being at risk.[1] Prevention strategies include six key tasks:

1. Conduct a pressure ulcer admission assessment for all patients.
  - Consider contributing factors such as age, immobility, incontinence, nutrition and hydration status, sensory deficit, comorbidities, and circulatory abnormalities.
2. Reassess risk for all patients daily
  - Include a visual cue on documentation
  - Use multiple methods to visually cue staff as to which patients are at risk.
3. Inspect skin daily.
  - Pay close attention to those areas where breakdown tends to occur, such as the sacrum, back, buttocks, heels and ankles.
4. Manage skin moisture
  - Use topical agents that act as moisture barriers that moisturize the skin
  - Routine cleansing of soiled areas
5. Optimize nutrition and hydration
  - Offer hydration frequently and nutritional supplements if dietary intake is inadequate.
  - Consult a dietician.
6. Minimize pressure
  - Turn/reposition every two hours
  - Use of pressure-relieving surfaces.[2]

Healthcare professionals need to be aware of their standard of care for the prevention and treatment of pressure ulcers in order to protect their patients and to avoid liability. One way in which healthcare providers can protect themselves from liability with respect to pressure ulcers is to provide care that is geared toward the prevention and/or treatment of pressure ulcers.

For more information regarding the IHI's recommendations for the prevention of pressure ulcers, please visit [this link](#).

#### References:

[1] Kathy D. Duncan, R.N., *Preventing Pressure Ulcers: The Goal is Zero*, Joint Commission of Accreditation of Healthcare organizations, October 2007 at 605.

[2] *Id.*

[Melissa Wray of Bingham McHale was a contributor to this article.]

## Questions and Answers

Question: Why should the same person coordinate and submit the Pressure Ulcer data collection tool?

ANSWER: Consistency. The initiative is a large collaborative and the comparative data will be used to study the effect of our interventions. Consistent data collection is important to document the quality improvement efforts and our outcomes.

Question: If a staff person changes positions or one of the team members is no longer employed with the facility or agency what should I do?

ANSWER: Notify Lidia Dubicki at the University of Indianapolis by phone 317-791-5945 or e-mail [ldubicki@uindy.edu](mailto:ldubicki@uindy.edu). She maintains the master participation list.

You may also contact Jo Dyer at Health Care Excel by phone 812-234-1499 ext. 323 or by e-mail [jdyer@hce.org](mailto:jdyer@hce.org) if you need technical information to help maintain your program's success.

## Coming Events

January 22, 2009: First Learning Session for hospitals, Indianapolis.

January 29, 2009: First Learning Session for home health agencies and hospice agencies, Indianapolis.

April 14, 15, 16, 29, & 30, 2009: Second Learning Sessions for all participants at regional locations around the state.

August 26, 2009: Final Initiative Congress for all participants, Indianapolis.

The Indiana State Department of Health and University of Indianapolis Center for Aging & Community appreciate the commitment and positive response to this initiative. The collaborative partners applaud the progress and accomplishments of the facility teams. Thank you for your efforts to prevent pressure ulcers.

Terry Whitson  
Assistant Commissioner  
Indiana State Department of Health